MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/936853
FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
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9		1				
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22		1				
23		1				
24		1				
25	1					
26	1					
27		2				
28		1				
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50						
TOTAL IND.	4					
TOTAL DEP.		29				
TOTAL CLAIMS	28					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

°MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS